

**State of California - Board of Corrections
Mentally Ill Offender Crime Reduction Grant Program
Comment Form**

Those desiring to appear before the Executive Steering Committee (ESC) to give comment are asked to provide the following information in advance of the comment period so that the ESC may be better prepared to consider the comments presented.

Name of Person Wishing to Comment

Representing (Enter Organization or Agency if Applicable)

Brief narrative of your comment:

(This is not required; however, will be helpful to the Executive Steering Committee in consideration of your stated position.)

Please forward this "Comment Form" to the Board of Corrections by mail to 600 Bercut Drive, Sacramento, CA 95814, or by Fax (916) 327-3317, or present it to Board staff at the meeting on August 30, 2000.

BOC Use Only

Received Date

Time

Speaker Number

MENTALLY ILL OFFENDER CRIME REDUCTION GRANTS

Proposal Evaluation Criteria

1. Bidder's History of Past Efforts - 12 points

The bidder supplies information concerning the history of past efforts in the areas of program design, implementation, management, and success; collaborative, multi-disciplinary and innovative approaches to problem solving; and obtaining and maximizing funding. Taken together, this information makes a good case for the bidder being able to develop and manage an effective Mentally Ill Offender Crime Reduction Grant.

2. Need for the Program - 15 points

The Local Plan makes a clear and compelling argument for the need for the program, and the content of the proposed program effectively addresses the need. There is a direct and well-articulated relationship between the described needs and the manner in which the proposed program will address those needs.

3. Collaborative, Multi-Agency, Multi-Disciplinary - 15 points

The proposed program includes significant collaboration, multiple-agency involvement and multi-disciplinary participation. Written MOUs are included that document the scope and level of the collaboration and involvement. The uniqueness of collaborating agencies is appropriately utilized in the design of the program.

4. Probability of Success - 10 points

This criterion concerns the degree to which the proposal rater is convinced that the program will be successful based upon the rater's assessment of the reasonableness, practicality, and appropriateness of the program design.

5. Evaluation Design - 12 points

The program evaluation design contains the following elements: 1) a methodology and research design; 2) a complete and clear research plan; 3) meaningful hypotheses; 4) appropriate hypothesis-testing procedures; and 5) an appropriate and adequate sample.

6. Likelihood That Program Will Continue - 10 points

The proposal indicates that there will be support to continue the program if it is proven effective. Examples are provided of past instances where grant programs were continued.

Detailed plans and commitments to seek and develop funding alternatives are discussed. The budget demonstrates increasing county fiscal responsibility over the 4-year life of the grant.

7. Proposal Quality - 15 points

The bidder submits a well presented proposal that contains all the required contents, including: a) the activities associated with the development of the Local Plan; b) the commitment of the members of the Strategy Committee; c) a detailed assessment of existing resources for mentally ill offenders across the continuum of responses (from prevention to hospitalization); d) specific and detailed identification of gaps in services; e) a description of the methodology that will be used to implement the recommendations in the plan, including a discussion of specific activities, funding alternatives and timelines; f) an explanation of the program evaluation approach and methodology; g) a description of the method for assessing the cost effectiveness of the program; and h) a clearly presented budget.

8. The Oral Presentation - 8 points

The oral presentation is appropriately related to, supportive of, and consistent with the Local Plan and the proposal. Areas identified in the technical review as needing clarification, if any, are addressed fully and in a concise manner.

DRAFT
FOR COMMENT PURPOSES
DO NOT COMPLETE

BOARD OF CORRECTIONS
600 BERCUT DRIVE
SACRAMENTO, CALIFORNIA 95814-0185

TELEPHONE (916) 445-5073
FACSIMILE (916) 327-3317 OR 322-5036

DEMONSTRATION GRANT

MENTALLY ILL OFFENDER* CRIME REDUCTION GRANT (MIOCRG)

For Instructions on completing the Mentally Ill Offender Crime Reduction Demonstration Grant Application - See Attachment A

* Mentally ill offender is defined in Attachment "D"

SECTION 1 - COUNTY INFORMATION

Date: _____

☐ INDIVIDUAL COUNTY

☐ REGIONAL PROPOSAL (MULTIPLE COUNTIES)

County(ies): _____

Sheriff or Director, Department of Corrections: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

Contact Person: _____

Title: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

County Financial Officer: _____

Title: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

SECTION 2 - COST SUMMARY

STATE FUNDING REQUESTED: \$ _____
 MATCH (25% REQUIRED):

Hard Match \$ _____

In-Kind Match \$ _____

TOTAL \$ _____

SECTION 3 - DETAILED BUDGET

	STATE FUNDS	MATCH	TOTAL
COUNTY STAFF	\$ _____	\$ _____	\$ _____
OTHER PUBLIC AGENCY STAFF	\$ _____	\$ _____	\$ _____
TRAVEL/PER DIEM	\$ _____	\$ _____	\$ _____
ADMINISTRATIVE OVERHEAD	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
PROGRAM FACILITY(IES) RENT OR LEASE	\$ _____	\$ _____	\$ _____
COMMUNITY-BASED ORGANIZATIONS	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____
(PLEASE DESCRIBE ON AN ATTACHED SEPARATE SHEET)			
TOTAL	\$ _____	\$ _____	\$ _____

*Please identify next to dollar amount for each category (H) Hard Match, (I) In-Kind

SECTION 4 – MIOCR STRATEGY COMMITTEE

NAME

TITLE

ORGANIZATION

SHERIFF OR
DIRECTOR, DEPARTMENT OF CORRECTIONS

CHIEF PROBATION OFFICER

LOCAL LAW ENFORCEMENT AGENCY

COUNTY MENTAL HEALTH DIRECTOR

SUPERIOR COURT JUDGE

CLIENT – MENTAL HEALTH TREATMENT
FACILITY

REPRESENTATIVES FROM ORGANIZATIONS THAT
CAN PROVIDE OR HAVE PROVIDED TREATMENT
OR STABILITY INCLUDING INCOME, HOUSING,
AND CARETAKING FOR PERSONS WITH MENTAL
ILLNESS

OPTIONAL MEMBER

OPTIONAL MEMBER

OPTIONAL MEMBER

* Section 4 - Attach additional page as necessary

SECTION 5 - NARRATIVE

Provide a one-page abstract summarizing your project, or one page per program if your project entails multiple programs. If a county submits multiple programs, the programs must be prioritized in order of importance to the county. Also complete a Research Design Summary Form (Attachment B) for each program. Finally, attach a narrative limited to not more than 20 double-spaced pages, including graphs and charts, using a 12-point font, and addressing each of the elements set forth in the instructions.

SECTION 6 - BOARD OF SUPERVISORS' RESOLUTION

Attach Board of Supervisors' Resolution for Mentally Ill Offender Crime Reduction Program - Demonstration Project (see Attachment C). The resolution shall contain, at a minimum, the following:

- Joint Powers Agreement, if a multiple county (regional) application;
- identification of the Sheriff or Director, Department of Corrections;
- authorization of the Sheriff or Director, Department of Corrections, or the Chairman of the Board of Supervisors to submit and/or sign the application for funding, grant contract, amendments, and/or extensions;
- identification of MIOCR Strategy Committee by name and title;
- assurance that the County will not supplant MIOCR Demonstration Grant funds;
- assurance that the County intends to enter into an agreement with the state, relative to the expenditure of funds, program implementation and evaluation, by no later than 7/1/01 should a grant award be forthcoming;
- assurance that the County will adhere to Board of Corrections' requirements and contract terms in the expenditure of grant funds;
- assurance that the County will participate in the collection of required common research data, program evaluation activities and conduct an evaluation of its proposed project;
- assurance that the County will invoice the Board of Corrections for grant costs on a quarterly basis beginning October 1, 2001 and no later than October 15, 2004.

**INSTRUCTIONS FOR COMPLETING THE
PROPOSAL FOR THE MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR)
DEMONSTRATION PROJECT GRANT
ATTACHMENT A**

GENERAL INSTRUCTIONS

- The original and 15 copies of the grant proposal may be mailed to the Board of Corrections at 600 Bercut Drive, Sacramento, CA 95814 and must be post-marked by midnight **March 1, 2001**.
- Hand delivered proposals must be delivered to the Board of Corrections at 600 Bercut Drive, Sacramento, CA 95814, by 5:00 p.m. on **March 1, 2001**.
- The original and 15 copies of the Local Plan must be submitted with the proposal.

SECTION 1 - COUNTY INFORMATION

- Enter date of application.
- Check whether single county or multiple (regional) application.
- Enter county name, or county names if multiple (regional) county application.
- Enter name of Sheriff or Director, Department of Corrections. NOTE: ONLY ONE Sheriff or Director, Department of Corrections CAN BE DESIGNATED FOR A REGIONAL APPLICATION.
- Enter name of department, address of Sheriff or Director Department of Corrections, telephone and facsimile numbers, and e-mail address.
- Enter name and title of designated Contact Person. The identified contact person should be directly involved in the administration of the grant in order to quickly resolve technical issues that may arise in the grant application. NOTE: ONLY ONE CONTACT PERSON CAN BE DESIGNATED FOR A REGIONAL APPLICATION.
- Enter name of department, and address of Contact Person, telephone and facsimile numbers, and e-mail address.
- Enter name and title of designated Financial Officer. NOTE: ONLY ONE FINANCIAL OFFICER CAN BE DESIGNATED FOR A REGIONAL APPLICATION.
- Enter name of department, and address of Financial Officer, telephone, facsimile numbers, and e-mail address

**INSTRUCTIONS FOR COMPLETING THE
PROPOSAL FOR THE MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR)
DEMONSTRATION PROJECT GRANT
ATTACHMENT A**

SECTION 2 - COST SUMMARY

- NOTE: COUNTIES ARE REQUIRED TO PROVIDE LOCAL MATCH.
- Enter amount of state funds sought through this application.
- Identify a minimum of 25% matching funds obtained from other sources. Matching funds can be "Hard," such as cash to support demonstration project activities from the county's general fund, or other local programs, foundations, or other private institutions, or "In-Kind," such as personnel, services, supplies, etc. Hard and In-kind matches can be in any combination of percentages so long as they total a minimum of 25% of the total grant funds requested.
- Maximizing county resources to impact each project is an important component of a comprehensive, multi agency response to reducing:
 1. crimes committed by mentally ill offenders,
 2. criminal justice costs, and
 3. jail crowding.

In awarding grants, priority will be given to those projects which include additional funding in excess of the minimum 25% match on the amount of the grant. Each proposal should address the effort made by the county to identify and develop available resources and will be individually rated on the county's ability to demonstrate a specific strategy to accomplish a collaborative and integrated approach to maximize the use of all available resources.

Identify total amount of funds to be utilized for the demonstration.

SECTION 3 - DETAILED BUDGET

Provide a SEPARATE cost breakdown detailing how STATE FUNDS and MATCH OR OTHER FUNDS are to be expended for items/activities necessary to implement the proposed program(s). If your proposed project* includes multiple programs, include a detailed budget for the entire project and separate detailed budgets for individual programs. Items/activities eligible for grant funding are as follows:

- County/City or other public agency staff costs limited to salary and benefits.
- Travel and Per Diem Costs for county/city staff are limited to within the state, consistent with county policy.
- Administrative Overhead for such purposes as printing, copying, mailing, telephone calls, office supplies, and equipment rental, as necessary, not to exceed 10% of the grant amount requested.

* For a definition of a project and program see "Attachment B" instructions.

**INSTRUCTIONS FOR COMPLETING THE
PROPOSAL FOR THE MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR)
DEMONSTRATION PROJECT GRANT
ATTACHMENT A**

- Costs to pay for professional services to prepare a response to the RFP are not allowable. However, costs for professional services are eligible with the award of demonstration project grant funds for activities associated with the implementation and evaluation of programs developed to reduce:
 - crime committed by mentally ill offenders,
 - criminal justice costs, and
 - jail crowding.
- Consultants may be used primarily to assist in the implementation of proposed programs, data collection and analysis, or to augment county/city staff in these activities. Travel and Per Diem Costs for these services are limited to within the State of California and consistent with county/city policy.
- Costs to pay for rent or lease of office space or facilities are allowable for the period of time identified in the demonstration project.
- Costs to pay for direct client services provided by community-based organizations related to one or more of the elements of the continuum of care, identified in the Local Plan, are allowable.
- Furniture and equipment exceeding \$1,000 per item must be pre-approved by the BOC. In all cases the lowest cost for the duration of the project must be justified in the consideration of lease or purchase.

Examples of items ineligible for funding include but are not limited to:

- Furniture and Equipment exceeding \$1,000 per item in cost without BOC approval.
- Any costs incurred before the grant award date.
- Costs associated with staff or activities not directly related to the proposed grant program(s).
- Supplantation of existing programs.
- Construction of facilities.

SECTION 4 – MIOCR STRATEGY COMMITTEE

Identify the members of the MIOCR Strategy Committee by listing their names, titles, and organizations. Chapters 501 of the Statutes of 1998 (SB1485) outline the required membership. (See Attachment E.)

SECTION 5 – NARRATIVE

Provide a one-page abstract summarizing your project or one page per program if your project entails multiple programs. If the county submits a multi program proposal, the county is required to prioritize the programs in order of importance to the county.

Complete a Research Design Summary Form for each program within your proposed project. (See Attachment B for form and instructions.)

**INSTRUCTIONS FOR COMPLETING THE
PROPOSAL FOR THE MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR)
DEMONSTRATION PROJECT GRANT
ATTACHMENT A**

Provide a brief **HISTORY** of the activities which have occurred in the past five years to expand or establish a continuum of swift, certain and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders. Address each of the following:

- Collaborative and integrated approaches for achieving solutions that reduce crime and criminal justice costs related to mentally ill offenders.
- The history of maximizing federal, state and local funds and the use of alternative funding sources to develop programs to reduce crime and criminal justice costs related to mentally ill offenders.

PROBLEM STATEMENT. Describe the current condition of the local justice system and how/why these conditions need to be addressed. Include in the problem statement the size of your county's mentally ill offender population and, if appropriate, the target population(s) your program plans to address.

The overall goal for the MIOCR Strategy Committee is to develop a comprehensive, collaborative and integrated plan for implementing a swift, certain, and graduated response for reducing crime and criminal justice costs related to mentally ill offenders. Describe the local objectives established which address this goal and the above-stated problems.

Provide a brief description of the activities associated with the development of the Local Plan and the commitment of the members of the MIOCR Strategy Committee to the Local Plan. Include the process by which the MIOCR Strategy Committee will proceed with the implementation of the Local Plan. *(Note: Counties are required to submit the original and 15 copies of their Local Plan with the demonstration project proposal.)*

THE PROPOSED PROJECT. Clearly describe the proposed project (or describe each program, if the county is submitting a multi program project) including, but not limited to:

- A description of roles and commitment of the key collaborative agencies participating in the proposed project.
- A description of current or planned capacity to administer the proposed project. Provide a description of how the proposed demonstration project will be implemented and operated, including key dates and activities, proposed staffing and other resource allocations.
- A description of each element of the continuum of responses to mentally ill offenders with reference to existing and proposed interventions to provide treatment and stability of persons with mental illness.
- A description of the basic research design for each program in your project. (Note: Both process and outcome evaluation must be conducted. With reference to outcome evaluation, preference will be given to projects utilizing a true experimental design.)

**INSTRUCTIONS FOR COMPLETING THE
PROPOSAL FOR THE MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR)
DEMONSTRATION PROJECT GRANT
ATTACHMENT A**

- A delineation of the relationship between the needs identified in the Local Plan and the proposed demonstration project.
- Information indicating the anticipated cost-effectiveness of the proposed demonstration project.
- Information in support of how the proposed demonstration project, if proven successful, will be continued after state funding ends.

SECTION 6 - BOARD OF SUPERVISORS' RESOLUTION

Attach a Board of Supervisors' Resolution authorizing the application for the Mentally Ill Offender Crime Reduction Grant (MIOCRG) - Demonstration Project (see Attachment C). The resolution shall contain, at a minimum, the following:

- Joint Powers Agreement or memorandum of understanding, if a multiple county (regional) application.
- Identification of the Sheriff or Director, Department of Corrections as the Chair of the MIOCRG Strategy Committee.
- Authorization of the Sheriff or Director, Department of Corrections or the chairman of the Board of Supervisors to submit and/or sign the application for funding, grant contract, amendments, and/or extensions.
- Identification of MIOCR Strategy Committee Members by name and title.
- Assurance that the county will not supplant MIOCR Demonstration Grant funds.
- Assurance that the county intends to enter into an agreement with the state, relative to the expenditure of funds, program implementation and evaluation, by no later than 7/1/01 should a grant award be forthcoming.
- Assurance that the county will adhere to Board of Corrections' requirements and contract terms in the expenditure of grant funds.
- Assurance that the county will participate in the collection of required common research data, program evaluation activities and conduct an evaluation of their proposed project.
- Assurance that the county will invoice the Board of Corrections for grant costs on a quarterly basis beginning October 1, 2001 and no later than October 15, 2004.

1 County Name		2 Program Name											
3 Treatment Interventions:													
4 Research Design:										5 Cost/benefit analysis		Yes - No	
6 Target Population:				7 Sample Size:		8 Key Dates:			9 Matching Criteria:				
				Treatment Group				Program Operational:					
				Comparison Group				Final Treatment Completion:					
				Total				Final Data Gathering:					
10 Comparison Group:													
11 Assessment Process:													
12 Treatment Group Eligibility:													
13 Comparison Group Eligibility:													
Major Hypotheses													
Subjects in the treatment group will achieve significantly better results in terms of the following:													
14 Outcome Variables		15 Score/Scale		16 Additional Information (optional)						17 Significance Test			
1													
2													
3													
4													
5													

ATTACHMENT B
MENTALLY ILL OFFENDER
RESEARCH DESIGN SUMMARY FORM
INSTRUCTIONS

This form was designed to elicit the most important features of the proposed research designs for Mentally Ill Offender Grant programs. Please refer to these instructions when completing the **Mentally Ill Offender Grant: Research Design Summary Form**. To avoid confusion, we suggest the following terminology:

- **Program:** "Program" refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses. A different set of interventions given to a different research sample in order to evaluate other hypotheses would be a different Program. You can propose more than one Program. For example, you might study the effectiveness in reducing recidivism of an aftercare program as Program 1, and the evaluation of a counseling program for inmates as Program 2 (in this case, you would have two separate Programs; therefore, you would conduct two separate research evaluation studies).
- **Research Design:** "Research Design" refers to the procedures that you will use to test the hypothesis that your Program produces a positive outcome. Our preferred design is called a "true experimental design." The main feature of this design is: random assignment of subjects to a treatment and comparison group from the same pool of potential research subjects. We will also accept quasi-experimental designs that satisfy the technical requirements for such designs. Of course, one could propose more than one design to evaluate a Program. For example, one could conduct a true experimental design and a quasi-experimental design to evaluate the effectiveness of an intensive supervision Program.
- **Project:** "Project" refers to all the work that you propose to do with Mentally Ill Offender Grant funds. For example, if you are proposing to do two Programs and two evaluation research designs for each Program, the entire effort would constitute your Mentally Ill Offender Grant Project.

For each proposed Program and each proposed research design per Program, please complete a Mentally Ill Offender: Research Design Summary Form (if you are proposing two Programs and two research designs for each Program, you would complete four Summary Forms to describe the four separate designs). To complete the form, you can put your comments or requested information in the spaces provided, or you can put the information on a separate sheet. If you use a separate sheet, indicate the topic to which you are responding.

1. **Program Name:** MIOCR Grant participants may find it useful to pick a name that helps them to create a Program identity. Indicate the title you will be using to refer to your Program.
2. **Treatment Interventions:** Describe the components of your Program that you will be evaluating. Another way of saying this is, "Describe how the 'treatment' subjects (those in the Program) will be treated differently than the comparison subjects (e.g.,

more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare, etc.)

- 3. Research Design:** Describe the research design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs).
- 4. Cost/Benefit Analysis:** Indicate by circling “yes” or “no” whether you will be conducting a Program cost/benefit analysis that includes at least: a) the cost per subject of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and c) your assessment of the program’s future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.
- 5. Target Population:** This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include: age, gender, diagnostic category, legal history, geographical area of residence, etc.
- 6. Sample Size:** This refers to the number of subjects who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program, etc.). In addition, there will probably be subjects who participate in the Programs you will be researching and not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research). Indicate the number of subjects who will complete the treatment interventions or comparison group interventions, plus any post-treatment follow up period. This also will be the number of subjects that you will be including in your statistical hypothesis testing to evaluate the Program outcomes. Sum the treatment and comparison subjects and indicate the total.
- 7. Key Dates**
 - “Program Operational” is the date that the first treatment subject will start in the Program.
 - “Final Treatment Completion” is the date when the last treatment subject in the research sample will finish the interventions that constitute the Program (and before the start of the follow up period).
 - “Final Follow Up Data” is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment interventions or whenever these data will become available).
- 9. Matching Criteria:** This category may not apply if you are using a true experimental design. Nevertheless, even if you are not going to use matching, but rather periodically check on the comparability of the treatment and comparison groups, please indicate the variables that you will be reviewing to assess comparability. Matching criteria might include: age, gender, ethnicity, etc.
- 10. Comparison Group:** The intent here is to document the kind of comparison group you will be using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects. However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched geographical areas, other matched

counties, a matched historical group, etc. Indicate the source of your comparison group. If you are using a true experimental design, simply write "true experimental design."

- 11. Assessment Process:** The intent here is to summarize the major features of the assessment process that will determine the nature of the intervention that the subjects in the treatment group will receive. For example, indicate any standardized risk assessment tool, whether you will be using psychological testing and the type of testing, and whether or not the assessment will be multiagency and multidisciplinary.
- 12. Treatment Group Eligibility:** Indicate the process by which subjects will be selected into the pool from which treatment subjects will be chosen. This process might include: referral by a judge, referral by a law enforcement officer, a certain type of adjudication, etc.
- 13. Comparison Group Eligibility:** Indicate the process by which subjects will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.
- 14. Outcome Variables:** List some of the most important outcome variables that you are hypothesizing will be positively affected by your Program. Possibilities include: improvement in psychological condition, arrests, recidivism, ability to live independently, etc.
- 15. Score/Scale:** To "measure" the effects produced by your Program, you must put the variable in question on some sort of measuring scale (e.g. a test score, a count of occurrences, a rating scale, a change score indicating education achievement progress). For each variable for which you are making a hypothesis, indicate the measurement that you will be statistically analyzing when you test your hypothesis.
- 16. Additional Information:** To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender or make differential hypotheses for different age ranges. Supplying "additional information" is optional; however, if there is some aspect of the hypothesis testing that is important for us to know about, please supply it in this section.
- 17. Significance Test:** In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section, please list your choice for the most appropriate statistical procedure for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

Attachment C
Sample Board of Supervisors Resolution
Mentally Ill Offender Crime Reduction
Demonstration Grant

BE IT RESOLVED that the Board of Supervisors of the County Of _____ hereby:

Appoints Sheriff or Director, Department of Corrections _____ as the Chair of the _____ County MIOCR Strategy Committee; and,

Authorizes said Sheriff or Director, Department of Corrections, or the chairperson of the Board of Supervisors to submit and/or to sign _____ County's application for State funding as well as related contracts, amendments, or extensions with the State of California; and,

Appoints the following individuals as members of the _____ County MIOCR Strategy Committee:

_____; and,

Assures that the County of _____ will not supplant MIOCR Demonstration Grant funds;

Assures that the County of _____ intends to enter into an agreement with the state, relative to the expenditure of funds, and program implementation and evaluation should a grant award be forthcoming by not later than June 30, 2001;

Assures that the County of _____ will adhere to the requirements of the Board of Corrections and all conditions specified in the grant contract with the State of California in the expenditure of State funds received pursuant to said application;

Assures that _____ County will participate in the collection of required common research data, program evaluation activities and conduct an evaluation of their proposed project; and,

Certifies that the County of _____ will invoice the Board of Corrections for all costs approved in the grant on a quarterly basis beginning October 1, 2001 and not later than October 15, 2004.

DRAFT
FOR COMMENT PURPOSES
DO NOT COMPLETE

Attachment D

Mentally Ill Offender Defined for the Purpose of the Grant

It is important to determine the target population of “mentally ill offender.” Senate Bill 1485 relies on Section 5600.3 of the Welfare and Institutions Code for its definition of mental illness. According to this section, the mentally ill offender targeted by the MIOCR Grant must have:

1. a mental disorder as identified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (other than a substance use disorder, developmental disorder, or acquired traumatic brain disorder, unless the person also has some other serious mental disorder) as determined by a licensed mental health professional; and
2. serious functional impairments, symptoms or psychiatric history such that, without treatment, there is imminent risk of further decompensation (especially in terms of the ability to engage in independent living, positive social relationships, and vocational opportunities).

There are hundreds of mental disorders identified in the most recent version of the Diagnostic and Statistical Manual (DSM-IV). It is impossible for the BOC to determine on its own the myriad of diagnostic categories that are prevalent and problematic in the many different localities in California. The BOC also has no preconceived ideas regarding which diagnostic categories present the most problems for the criminal justice system, or the best opportunities for successful and cost-effective interventions. Therefore, for the purposes of the MIOCRG RFP, the ESC recommends that:

1. Interested agencies pay close attention to the language in Chapter 501, Statutes of 1998 (SB 1485 Attachment E) and the Welfare and Institutions Code in developing their definitions of the mentally ill offender target group; and
2. Interested agencies develop a locally defined target group that is:
 - sufficiently large so that a successful program can have a meaningful and positive effect on the criminal justice system, and so that reliable and measurable conclusions can be drawn from the demonstration project (i.e., in terms of a reduction in crime committed by mentally ill offenders, criminal justice costs, and jail crowding);
 - defined in terms of the diagnostic categories that will best address the needs of the local mentally ill offender population; and
 - consistent with the needs and resources of the local jurisdiction.

Preference will not be given to proposals that involve a specific target population determined by the BOC. Rather, proposals will be evaluated in terms of the case made by the local jurisdiction for working with a specific, locally-determined target group. Despite which categories might constitute a jurisdiction's target group, the BOC requires that grant participants submit, as part of their reporting requirements, the DSM-IV diagnoses for all members of the demonstration grant research sample.